

PART B - FEE(S) TRANSMITTAL

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7590

04/08/2004

John R Van Amsterdam
 Wolf Greenfield & Sacks
 Federal Reserve Plaza
 600 Atlantic Avenue
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/700,817

11/20/2000

Norifumi Tanida

K0448/7007

2886

TITLE OF INVENTION: SOLID PREPARATIONS FOR ORAL ADMINISTRATION OF DRUGS RELATING TO GENES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$0

\$1330

07/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SCHNIZER, RICHARD A

1635

514-044000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 WOLF, GREENFIELD

2 & SACKS, P.C.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HISAMITSU PHARMACEUTICAL, INC.

Tosu-Shi, Saga, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

John R. Van Amsterdam

June 16, 2004

Express Mail Label No. EV292461222US

Date of Deposit: June 16, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/17/04

Express Mail Label No.: EV 292461222 US

Date of Deposit: June 16, 2003

DOCKET NO. H0666.70000US00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tanida et al.
Serial No: 09/700,817
Confirmation No.: 2886
Filed: November 20, 2000
For: SOLID PREPARATIONS FOR ORAL ADMINISTRATION OF
GENE-RELATED DRUGS

Examiner: Schnizer, Richard A.
Art Unit: 1635

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- ☒ **Part B –Fee(s) Transmittal**
- ☒ **Return Receipt Postcard**

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

A check in the amount of **\$1,330.00** is enclosed. The Commissioner is hereby authorized to charge any deficit or credit any overpayment to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,
Tanida et al., Applicant


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Telephone: (617) 646-8000

Docket No. H0666.70000US00

Date: June 16, 2004

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